



Before and After Evaluation Form

0	1	2	3	4	5	6	7	8	9	10
A Disaster			Not very happy		Room for Improvement			Very Satisfied		

	Before the Start of the Program	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Health and Productivity								
How do you judge your health?								
How do you judge your Energy Level?								
How do you judge your Productivity								
How will you qualify your mental clarity?/ Sharpness								
How do you judge your well-being in general?								
of communication with your doctor								
How do you judge your emotional health? your morale								

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NUTRITION	Before the Start of the P	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Knowledge of nutrition								
How do you judge the quality of your nutrition?								
How do you judge your level of knowledge about the nutrition/health								
How do you judge the taste of your food?								
Level of confidence in yourself about food choices								
Ability to choose foods that support your health								



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Body	Before the Start of the Program	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
	How to judge your physical activities "sports" (moving the body)							
How do you judge the frequency?								
How do you judge the intensity?								
How do you judge the quality of your sleep								
Amount of time spent in the sun (vitamin D)								

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Relationships/Mind/Soul	Before the Start of the Program	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
	How do you judge the quality of your relationship with others?							
Level of job satisfaction								
Spiritual Life (Prayers, Meditations)								
The Importance of the practice of Forgiveness in Your Life								
Stress level in general								
Quality of your social life								
Quality of your relaxation time, distraction								
Do you know the relationship between stress and chronic disease?								